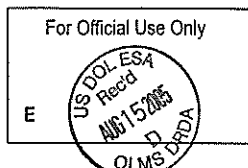


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |   |
|--|---|
| 1. File Number U - <b>8067</b>   | 2. Fiscal Year Covered From:<br><b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>  |
| 3. Name and address of person filing.<br>Name <b>Shelia A Thompson</b><br>P.O. Box, Bldg., Room No., if any <b>Suite 2430</b><br>Street <b>Two Penn Plaza</b><br>City <b>New York</b><br>State <b>New York</b> ZIP Code + 4 <b>10121</b> | 4. Name, file number, and address of labor organization.<br>Name <b>National Basketball Players Association</b><br>Labor Organization File Number <b>068-015</b><br>P.O. Box, Building and Room Number, if any <b>Suite 2430</b><br>Street <b>Two Penn Plaza</b><br>City <b>New York</b><br>State <b>New York</b> ZIP Code + 4 <b>10121</b> |
| 5. Position in labor organization. <b>Accounting Manager</b>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Shelia Thompson

On

8/10/2005

Date

212-655-0880

Telephone Number

|  |                       |
|--|-----------------------|
| Name of Person Filing <b>Shelia Thompson</b> | File Number <b>U-</b> |
|--|-----------------------|

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

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| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Bank of America</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1185 Avenue of the Americas</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10036</b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>  | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Banking Relationship</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$2,000</b></span></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>4 Tickets to NY Mets Game</b></p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$400</b></span></p> |

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

|   |   |
|---|---|
| <p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>Mitchell &amp; Titus, LLP</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>27th Floor</b></p> <p>Street <b>One Battery Park Plaza</b></p> <p>City <b>New York</b></p> <p>State _____ ZIP Code + 4 _____</p> | <p><b>14.a. Nature of payment.</b></p> <p><b>Business Lunch</b></p> <hr/>             |
| <p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> <b>?</b></p>  | <p><b>14.b. Amount of payment.</b> <span style="float: right;"><b>\$50</b></span></p> |

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| Name of Person Filing <b>Shelia Thompson</b> | File Number <b>U-</b> |
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a **business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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|---|--|
| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Bank of America</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>1185 Avenue of the Americas</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10036</b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>  | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Banking Relationship</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$2,000</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Business Lunch</b></p> <hr/> <p><b>12.b. Amount.</b> <b>\$50</b></p> |



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| Name of Person Filing <b>Shelia Thompson</b> | File Number <b>U-</b> |
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**Part B Continuation Page**

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| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Amalgamated Bank</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>15 Union Square West</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10003</b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>  | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Banking Relationship</b></p>  |
|  | <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$1,000</b></p>  |
|  | <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Holiday Gift - 12/4/2004</b></p>  |
|  | <p><b>12.b. Amount.</b> <b>\$54</b></p>   |



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| Name of Person Filing <b>Shelia Thompson</b> | File Number <b>U-</b> |
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**Part B Continuation Page**

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|--|--|
| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Amalgamated Bank</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street <b>15 Union Square West</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10003</b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>  |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>  | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Banking Relationship</b></p> <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$1,000</b></p> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Business Lunch</b></p> <p><b>12.b. Amount.</b> <b>\$50</b></p> |

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| Name of Person Filing <b>Shelia Thompson</b> | File Number <b>U-</b> |
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**Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

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|---|---|
| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Calibre Group</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 1050</b></p> <p>Street <b>1850 K Street, NW</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b> ZIP Code + 4 <b></b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p>   | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Independent Auditor</b></p>   |
|   | <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$50,000</b></p>   |
|   | <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Business Lunch - 4/8/2004</b></p>   |
|   | <p><b>12.b. Amount.</b> <b>\$39</b></p>   |



Name of Person Filing **Shelia Thompson**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Calibre CPA Group, PLLC**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 1050**Street **1850 K Street, NW**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**11.a. Nature of such dealing.****Independent Auditor****11.b. Approximate dollar value of such dealing.****\$50,000****12.a. Nature of interest held or income received.****Business Lunch - 12/10/2004****12.b. Amount.****\$55**

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| Name of Person Filing <b>Shelia Thompson</b> | File Number <b>U-</b> |
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**Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

|  |   |
|--|---|
| <p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Fitzmaurice Companies, Inc.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 2105</b></p> <p>Street <b>11 Penn Plaza</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10001</b></p> | <p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>  | <p><b>11.a. Nature of such dealing.</b></p> <p><b>Benefits Consultant</b></p>   |
|  | <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$2,500</b></p>  |
|  | <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Business Lunch</b></p>  |
|  | <p><b>12.b. Amount.</b> <b>\$50</b></p>   |



